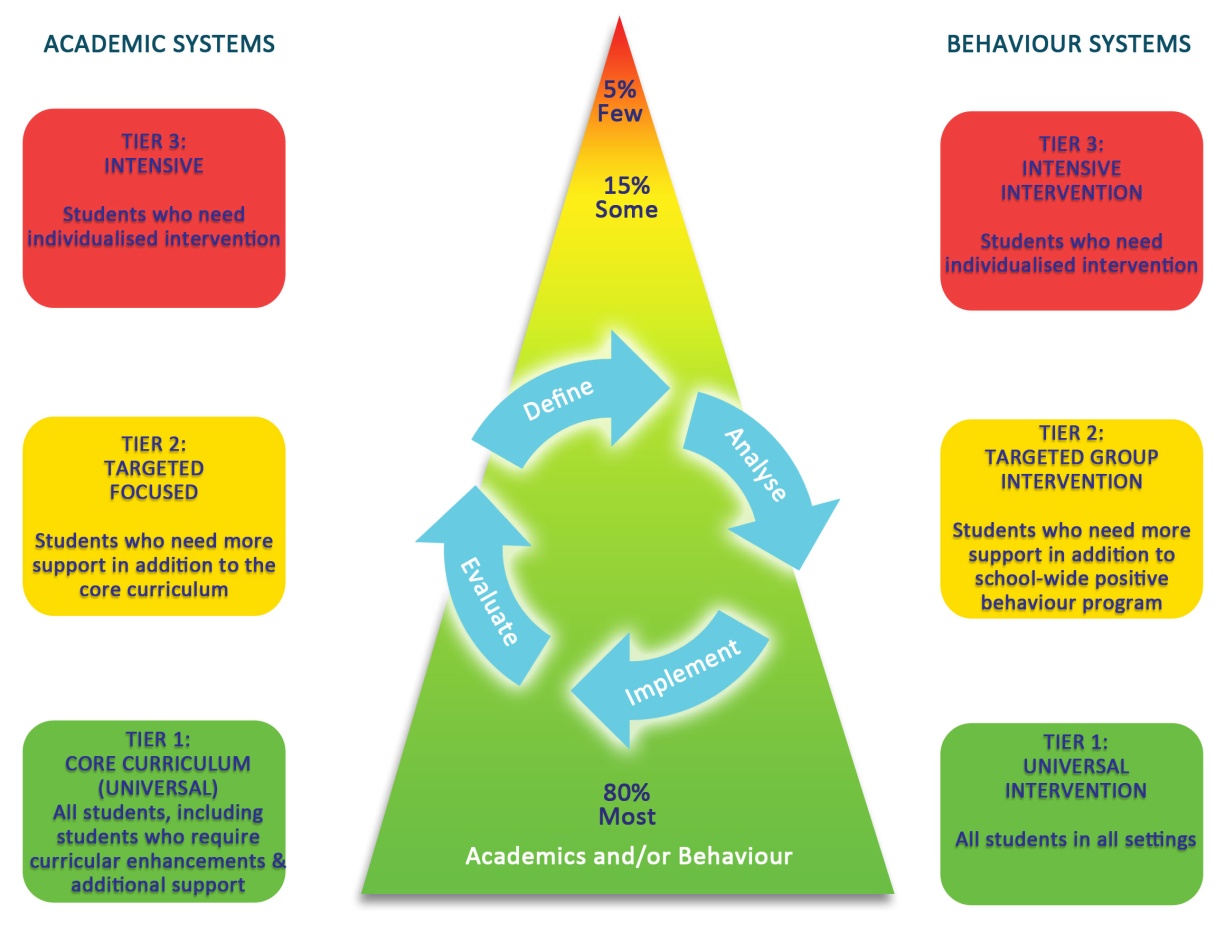
Intro blurb about RTI, definition. Explaining assessment vs intervention.



GREEN AREA OF THE RTI MODEL

The RTI model for Speech Pathology considers general practice (Tier 1) as being school based supports. The Speech Pathologists, in conjunction with relevant CEOM staff, would support the school through professional development and general school based processes. It is a preventative approach.

WHO FITS THE CRITERIA?

* The green area is support for students that are not directly on the speech pathology caseload. No file notes would be written. These students will be coded as R/R or discharged.
* Students who are on the speech pathology caseload as Review on Request would be considered to be in the green area. These students will be coded as Review on Request and then discharged if no further support is requested within 4 terms.
* Once an SLD student is placed as R/R, they will be coded under R/R SLD and will remain inactive for the remainder of their primary school years unless further support is requested by the school.

SP SERVICE DELIVERY

Speech Pathology specific Professional Development for schools may include; Cued Articulation, Colourful Semantics, Comprehension Strategies, Screening Intervention Framework, Understanding Vocabulary and Expressive Vocabulary etc.

SCHOOL RESPONSIBILITIES

* Oral language would continue to be targeted through VELS Listening and Speaking
* For New Arrival and EAL/D students, schools would continue to use the ESL Continuum and implement the dynamic assessment processes through targeted teaching.
* School staff would need to be made available to attend relevant Professional Development and supported to incorporate new knowledge into the School Improvement Framework.
* For students in the green area the school may have completed parts of the Speech Pathology Screener based on concerns noted in the classroom.
* Following the analysis of the Screener, targeted intervention would have been implemented in the school context and progress documented.
* If ongoing concerns persist after this intervention phase, a referral may be considered with the screening and intervention information and documentation included in the referral form.
* For SLD students the school would continue to follow up on recommendations and implement programs as agreed upon in PSG meetings. Ongoing PLPs and school PSGs would continue as required by LNSLN Guidelines.

YELLOW AREA OF THE RTI MODEL

The RTI model for Speech Pathology considers consultative practice (Tier 2) as being school or home based practise for students who need more support in addition to the general curriculum. The intervention should be targeted to the difficulties identified by the Speech Pathologist. The support may take the form of individual or group intervention provided by the parent/s and/or school in consultation with the Speech Pathologist.

WHO FITS THE CRITERIA?

* The yellow area is support for students that are on the speech pathology caseload but the child is not seen directly. Support may take the form of PSGs, PLPs, CDs or TCs. These may be meetings at the school or phone/email contact. File notes would be written for these students.
* Schools can request service for students from Tier 1, who are on the speech pathology caseload as Review on Request. These students will then be placed in Tier 2 (consultation through PSG, CD etc) or Tier 3 (DRAX etc) depending on the service required.

SP SERVICE DELIVERY

The Speech Pathologist will provide support to the school or parent on ongoing programming and strategies that will aim to enhance student outcomes in the school context.

Language including Pragmatics

* For Prep- Three students with moderate to severe language difficulties this support may take the form of 1-2 consultation sessions per year e.g. PSG, case discussion or teacher consultation.
* For Prep- Three students with mild language difficulties, a consultation session may be provided or the students will be placed in Tier 1 (R/R or DC).
* For 4-6 students, consultation will be provided if requested by school. If no request is received these students will remain in the green area.

(\*excluding students who use AAC or have minimal verbal language)

Speech, Fluency, Voice

* For Prep-12 students, this support will take the form of 1-2 consultation sessions per year e.g. PSG, case discussion or teacher consultation. These consultations may take the form of a PC with parent, LP or AP without the student present.
* These students would likely have moved from Tier 3 and are currently being monitored. Depending on the outcome of these consultations these students may move into Tier 1 (no further direct service required) or Tier 3 (further intervention required).

SCHOOL RESPONSIBILITIES

* The school would continue to follow up on recommendations and implement programs as agreed upon in PSG meetings.
* School staff would need to be made available to attend relevant Professional Development and supported to incorporate new knowledge into the School Improvement Framework.
* The school would monitor and document student progress with resources provided by the Speech Pathology service. This documentation would be beneficial at any further consultation sessions with the Speech Pathologist.
* The school may choose to use one of their LSOs to specialise in an area of support e.g. Speech Pathology language programs. This LSO would enable ongoing practice to the student in the school context.

PARENT RESPONSIBILITIES

* For students in the yellow area, the parent/s will follow up recommendations and program implementation as agreed upon in PSG meetings.
* The parent would monitor and document student progress with resources provided by the Speech Pathology service (e.g. home practice booklet). This documentation would be beneficial at any further consultation sessions with the Speech Pathologist.

RED AREA

The RTI model for Speech Pathology considers direct intervention (Tier 3). Direct support is provided by the Speech Pathologist in conjunction with an appropriate agent (parent/aide). Home and/or school based practice will be required.

SP SERVICE DELIVERY

The Speech Pathologist will provide direct support to the student and agent that will aim to enhance student outcomes in the school context. A file note will be written for each service that is provided. Direct therapy may take the form of: individual therapy, group therapy, in class supports and/or home practice.

Language (for students who use AAC or have minimal verbal language)

* For Prep- Year 12 students, this support will take the form of 3-5 sessions per term.

Fluency

* For Prep- 12, moderate to severe, this support will take the form of up to 5 sessions per term.
* For Prep- 12, mild, this support will take the form of 1-2 sessions per term.

Articulation

* For Prep-12 students, this support will take the form of 1-5 sessions per term in blocks of therapy (term on/term off)

Voice

* For Prep-12 students, this support will take the form of 1-3 sessions per term in blocks of therapy

|  |  |  |
| --- | --- | --- |
| R1 Continuous | R2 Block on/Block off | R-Wait |
| -AAC  -Lidcombe/Lidcombe framework | -dyspraxia  -minimal verbal language  -severe articulation  - moderate to severe fluency (older students\*)  -severe voice | -awaiting moderate-severe fluency  -students on block off following block on  -newly assessed students awaiting block on  -students awaiting initial block on |
| -mild to moderate articulation  -mild dysfluency  -mild to moderate voice |

SCHOOL RESPONSIBILITIES

* The school would continue to follow up on recommendations and implement programs as agreed upon in PSG meetings.
* School staff would need to be made available to attend relevant Professional Development and supported to incorporate new knowledge into the School Improvement Framework.
* The school may choose to use one of their LSOs to specialise in an area of support e.g. articulation. This LSO would provide ongoing practice to the student in the school context.

PARENT RESPONSIBILITIES

* For students in the red area, the parent/s will follow up recommendations and program implementation as agreed upon in sessions.
* Parents would need to be available to attend regular sessions at the school and complete ongoing home practice

GLOSSARY

PSG

SLD

Individual intervention

Group intervention